



## State of Utah

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## Department of Human Services

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Date: July 19, 2022

James A Welch  
Tooele County Manager  
47 South Main  
Tooele, UT 84074


Dear Mr. Welch:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Tooele County and its contracted service provider, OPTUM. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard @ 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

  
Brent Kelsey (Jul 19, 2022 13:56 MDT)

Brent Kelsey  
Division Director

Enclosure

cc: Gary Dalton, Tooele County Director of Human Services  
Tracy Louma, Executive Director, Optum  
Gina Attallah, Director of Compliance and Quality Improvement, Optum  
Mark Schull, Program Manager, Optum



Annual Site Monitoring Report of  
Tooele County / Valley Behavioral Health

Local Authority Contract #A03085

Review Date: April 12, 2022

Final Report

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## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Tooele County (also referred to in this report as the Local Authority) and OPTUM their provider, on April 12, 2022. The review was conducted remotely due to current DSAMH policy. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

## Summary of Findings

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	9
<i><b>Combined Mental Health Programs</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	14-15
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	18-19
<i><b>Substance Use Disorders Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Use Disorders Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	25-26

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Tooele County – Optum. The Governance and Fiscal Oversight section of the review was conducted on April 12, 2022 by Kelly Ovard, Administrative Services Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, Tooele-Optum provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category. The data for the MCR was provided by OPTUM through its service provider Valley Behavioral Health (VBH) in Tooele County.

There is a current and valid contract in place between the Division and the Local Authority. Tooele County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Tooele County received a single audit for the year ending December 31, 2021 and submitted it to the Federal Audit Clearinghouse. The firm Larson and Company, PC completed the audit and issued a report dated June 29, 2022. The auditor issued an unmodified opinion. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on Internal Control Over Financial Reporting and Compliance for Each Major Federal Program. As required by the State Compliance Audit Guide they also issued a report on Compliance and Internal Control Over Compliance. There were two weaknesses outlined in the audit that were corrected before the final audit report was issued.

## **Findings for Fiscal Year 2021 Audit:**

### **FY21 Significant Non-compliance Issues:**

- 1) In the single audit conducted for Tooele County, the auditors reported one material weakness issue; two issues were reported as financial statement findings, one was a carryover from the prior audit. (See Audit pages 143-144)

- a) *SC 2018-1: Material Weakness in Budgetary Compliance* - Expenditures exceeded the appropriated budget for multiple funds. This is an ongoing finding that has not been resolved to the auditors satisfaction. Although there are no material budget overages, there were still some departments/funds in excess of budgeted appropriations. **This has continued to be an issue in the 2017, 2018 and now the 2019 audits.**

**This item was resolved in the 2020 financial audit.**

- b) *SC 2019-1: General Unrestricted Fund Balance*: Tooele County's unrestricted general fund balance exceeded both an amount equal to 50% of the total revenues of the general fund and an amount equal to the estimated total revenues from property taxes for the current fiscal period.

**This item was resolved in the 2021 financial audit.**

- c) *SC 2019-2: Budgetary Compliance*: Total expenditures exceeded the amounts appropriated in the final adopted budget for the following funds and department: Fund 21 (Human Service), and Fund 32 (MBA), as well as the Fund 10 Economic Development department. Expenditures were approved and posted which exceeded budgeted amounts.

**This item was resolved in the 2020 financial audit.**

### **FY21 Minor Non-compliance Issues:**

- 1) *Subcontractor Monitoring by County*: Tooele County did not provide a monitoring report for Valley Behavioral Health that was conducted between 7/1/19 and 6/30/20 or shortly after the end of the audit year. There should be a monitoring audit each year with its contracted provider. Since the audit year FY22 covering 7/1/20 to 6/30/21 will have 2 contracted providers (Valley 7/1/20 - 12/31/20 and OptumHealth (Optum) ( 1/1/21 -6/30/21), Tooele County will need to make sure they complete the monitoring process for both entities for FY21 which will be conducted in the FY22 audit.

**This finding has been resolved as a monitoring report for VBH was completed and a report for OPTUM was provided in June 2022.**

## **FY21 Deficiencies:**

- 1) *Turnover Issues:* There were 44 employees terminated between 7/1/19 and 6/30/20. The total number of current employees submitted was 87. That equates to roughly a 51% turnover rate. Some of this could be attributed to the changes with prevention, the food pantry and homeless units being transferred to the county. Nevertheless, Valley Behavioral Health continues to have turnover issues. This will need to be addressed by the County, Valley and OptumHealth before the next audit.

**This item is now monitored by Optum, the subcontractor/subrecipient for Tooele County.**

- 2) *Subcontractor audits and SubContractor conflict of interest forms:* While there were annual audits of Valley's subcontractors, there were no summary narrative reports giving an accounting of the overall quality of charts, where the deficiencies lie and what improvements were recommended to the subcontractors. There were no conflict of interest forms for any of Valley's Subcontractors. Tooele County, as the Local Authority, should put a plan in place going forward, to have its primary contract holder (OptumHealth) monitor all of its Tooele County Subcontractors which includes annual conflict of interest forms, similar to what it does in other counties.

**This item has been resolved with the subcontractors, but we will continue to train the county with regard to its responsibilities in this area. See Minor Non-compliance 1.**

## **County's Response and Corrective Action Plan:**

**Action Plan:** During the audit, Optum requested the opportunity to meet with Tooele County and DSAMH in FY22 to discuss a plan for monitoring Optum's network of providers. DSAMH agreed to a future discussion regarding an audit plan.

Regarding the Conflict of Interest Forms for Subcontractors, Optum will distribute the Forms to the in-network providers for completion, no later than July 1, 2021.

**Timeline for compliance:** First Quarter FY22

**Person responsible for action plan:** Gary Dalton, Tracy Luoma, Gina Attallah and Jason Norwood

**DSAMH tracking by:** Kelly Ovard

**Findings for Fiscal Year 2022 Audit:**

**FY22 Major Non-compliance Issues:**

None

**FY22 Significant Non-compliance Issues:**

None

**FY22 Minor Non-compliance Issues:**

**1) Employee Audit**

- a) All I9's uploaded were missing the hire date. Hire dates must be listed and the HR office must review or date the document no more than 3 working days after the hire date. There were 2 I9's missing the second page.
- b) Only one employee had one training since 2018. Jeff Coombs had was on the roster for a sexual harassment training in 2018. Annual training is required for sexual harassment and conflict of interest. Dual employment/conflict of interest forms are required annually.

**County's Response and Corrective Action Plan:**

**Action Plan:** (a) The HR Dept. will be advised of these weaknesses in hiring data for employees and (b) due to the pandemic much of the necessary training for employees was not met. It is the intention of Tooele County to reinstate trainings for sexual harassment, conflict of interest, discrimination, nepotism and the like in FY23.

**Timeline for compliance:** April 2023

**Person responsible for action plan:** Gary Dalton, Adam Sadler-HR Director

**DSAMH tracking by:** Kelly Ovard

**FY22 Deficiencies:**

None

**FY22 Recommendations:**

- 1) *The Tooele Mental Health emergency plan* was reviewed by Nichole Cunha and Geri Jardine, as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. There were no issues with this well thought out plan. Tooele County is to be commended for doing an excellent job.

**FY22 Division Comments:**

None

## **Mental Health Mandated Services**

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to adults, youth, and children of Utah.

## **Combined Mental Health Programs**

The Division of Substance Abuse and Mental Health (DSAMH) Mental Health Team conducted its annual monitoring review at Tooele County-Optum on April 12 and 13, 2022. Due to the current DSAMH policy, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

### **FY22 Recommendations:**

- 1) *Data:* Review of the FY21 Scorecards during the monitoring visit indicates possible discrepancies between reported data sets and provided services. It is encouraged for OptumHealth to continue to work with the DSAMH data team to ensure that all Substance Abuse and Mental Health Information System (SAMHIS) data is correctly uploaded following the transition between county providers.

### **FY22 Division Comments:**

- 1) *Access to Healthcare:* Tooele County and OptumHealth are dedicated to ensuring that the community has access to health insurance and care. They have been working with Take Care Utah/Utah Health Policy Project to increase Medicaid enrollment in the county. It was noted that in the past year the Medicaid enrollee numbers increased from 6,000 to 10,000 participants. DSAMH commends Tooele County and OptumHealth for the strong focus to ensure that vulnerable county residents have access to health insurance.
- 2) *Expansion of Network Providers:* Tooele County and OptumHealth are continuing to expand their provider network to meet the needs of the community. Tooele County is conducting a needs assessment to identify the mental health service perceptions and gaps in the community. Through targeted and purposeful engagement with the community partners, coalitions, and groups, OptumHealth is expanding the network of providers. These efforts combine for greater choice and access to an expanded continuum of care for the residents of Tooele County.
- 3) *Cultural Responsiveness:* During the recent DSAMH needs assessment, Valley Behavioral Health-Tooele was noted for public-facing documents that were inclusive of LGBTQ+ clients. DSAMH encourages Tooele County and their providers to continue to work towards equity and inclusion.

## Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review Tooele County- Optum on April 12, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; and Tracy Johnson, Wraparound and Family Peer Support Program Administrator. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and visits with various contract agencies. During the discussion the team reviewed the FY21 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Peer Support, and compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### Findings for Fiscal Year 2021 Audit

#### **FY21 Minor Non-compliance Issues:**

- 1) *Substance Abuse Mental Health Information System (SAMHIS) OQ Match:* The percentage of clients that match SAMHIS is required to be at least 90%. The FY21 Youth Mental Health scorecard indicates that Tooele-VBH had a match rate of 82.5%, FY20 rate was 80.8%. DSAMH requires that Tooele-VBH resolve data entry issues and ensure the match rate improves to at least 90%.

**Although the SAMHIS YOQ match is below the requirement of 90% for all eligible clients on the FY22 Youth Mental Health scorecard (FY22 match=79.4%), the match for clients with serious emotional disturbance is well above the requirement (FY22 SED match=99.3%). Therefore, this is resolved and will no longer be a finding. It is encouraged that Tooele County and Optum-Tooele work with the DSAMH data team to ensure that data moving forward through SAMHIS is accurate.**

- 2) *Strength Based Assessments:* Three of the ten charts reviewed had no indication of an assessment being completed. In FY20, two of nine charts did not have an assessment. An assessment is required in order to structure appropriate treatment planning, goals, and objectives. Per division directives, "Each client shall have a strength-based assessment (please note that when the client is a minor, the word client also refers to the parent/guardian/family). At a minimum, assessments, planning and treatment shall comply with the Medicaid Provider Manual and current Administrative Rule as described in R523."

**This item has been resolved and will no longer be a finding in the FY22 audit. The charts reviewed had significant improvement with strengths.**

**FY21 Deficiencies:**

- 1) *Youth Outcome Questionnaire (YOQ) Administration and Use as an Intervention:* Of the ten charts reviewed four charts had no evidence of the YOQ being administered or being used as an intervention in treatment. This is a noted improvement from FY20 during which all charts reviewed did not demonstrate evidence of administration of the YOQ or use in treatment. The Division Directives state “the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent)” and “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.” While it is recognized that COVID-19 and the move to telehealth may have impacted administration of the YOQ, DSAMH encourages Tooele-VBH to review processes to ensure that the YOQ is administered and utilized as a tool in treatment.

**This item is not resolved and will continue to be a finding in FY22. This finding was not increased to allow for transition to occur between the prior provider and OptumHealth. See Deficiency #1**

- 2) *Family Peer Support Services:* Tooele-VBH remained steady in provision of family peer support services from FY19 (55 services) to FY20 (54 services), however Family Resource Facilitation (FRF) dropped significantly FY19 (139 services) to FY20 (20 services) due to changes in the employment structure of their FRF. While it is recognized that COVID-19 public health guidelines may have impacted service provision, it is recommended that Tooele-VBH review referral pathways, access, and sustainability of this service in their continuum. It is to be noted that Tooele-VBH reports that they have had case managers providing family peer support services. It is critical that persons providing these services are certified family peer support specialists. It is recommended that Tooele review how they utilize staffing patterns to ensure that family peer supports are able to fulfill their roles and responsibilities to provide family peer support and better engage with youth and their families in the community. The DSAMH Children's team is available for technical assistance related to family peer support specialist service provision.

**This item is not resolved and will continue as a finding in FY22. This finding was not increased to allow for transition to occur between the prior provider and OptumHealth. See Deficiency #2**

## **Findings for Fiscal Year 2022 Audit**

### **FY22 Major Non-compliance Issues:**

None

### **FY22 Significant Non-compliance Issues:**

None

### **FY22 Minor Non-compliance Issues:**

None

### **FY22 Deficiencies:**

- 1) *Youth Outcome Questionnaire (YOQ) Use as an Intervention:* Five of the 10 charts reviewed did not include evidence of the OQ being used as an intervention in treatment when administered. The Division Directives state that “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.” DSAMH notes that the charts reviewed at this monitoring were from one agency and not from the entire network. DSAMH is encouraged that Optum-Tooele has begun to work with their network providers to provide training for the YOQ and will be closely following how the provider network engages with the YOQ as part of a clinical intervention. This finding was not increased to allow for transition to occur between the prior provider and OptumHealth.

### **County’s Response and Corrective Action Plan:**

**\*Note:** The time period reviewed during this audit took place during the COVID pandemic. While providers quickly moved to offering services via telehealth, switching to remote OQ® and Y-OQ® administration with members then submitting the completed questionnaire remotely was an additional transition. The value of the questionnaires to monitor clients’ distress was encouraged and contacts to the OQ® Measures’ Team to support providers in this effort were offered. Additional provider training was added, in an attempt to train those who were new to using the questionnaires.

#### **Action Plan:**

Optum will continue to require the use of OQ®/YOQ® questionnaires and additional resources available through the OQ® Analyst to enhance outcome-based practices. Semi-annual beginner and advanced training with CEUs are provided to clinical staff to help them understand the foundations of practice-based evidence and how to incorporate the Clinician Reports into treatment planning. Optum will complete quality audits of treatment records to ensure OSUMH mandates are implemented in treatment and documentation supports the member’s diagnoses, level of care and services rendered. Those who do not are required to complete a corrective action plan to fulfill the requirements. In addition, a mandatory provider training was offered in March 2022 which covered utilizing the member’s voice in goal development and documenting objectives that are measurable and outcome

driven. In June 2022, Optum met with the VBH Vice President of Compliance and Quality to begin a collaboration with the goal of increasing VBH clinician attendance at annual and semi-annual training.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (Tooele County), Randy Dow (Optum TCo), Gina Attallah (Optum TCo)

**DSAMH tracking by:** Mindy Leonard

- 2) *Family Peer Support Services:* Per the FY21 scorecard, family peer support services decreased by 94.4% from the prior year. This significant decrease is concerning due to the limitations of access to this important service in the community. While it is to be noted that service numbers may have been impacted by COVID-19, the closure of Allies with Families, or the switch to OptumHealth, focus needs to be spent on increasing access to this service in the community. Family Peer Support fills a key role in the continuum of care and can be used as a low cost high impact early intervention service for families. DSAMH is available for technical assistance related to family peer support specialist service provision. This finding was not increased to allow for transition to occur between the prior provider and OptumHealth.

### **County's Response and Corrective Action Plan:**

#### **Action Plan:**

Optum recognizes the importance and need for youth engagement in services and the impact of services offered by Family Peer Support Specialists (FPSS) as valuable in helping parents advocate and support their children in accessing these resources. As a result, Optum has developed a performance improvement project to address increasing youth engagement in services and with targeted interventions aimed at FPSS having a key role. Throughout FY23, Optum has plans to add two newly created FPSS positions which will be embedded into existing agencies serving youth. This will offer an opportunity to increase the number of youth and families served.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (TCo), Gina Attallah (Optum TCo), Mark Schull (Optum TCo)

**DSAMH tracking by:** Mindy Leonard

**FY22 Recommendations:**

- 1) *Psychosocial Rehabilitation (PRS)*: The FY21 scorecard indicates that Tooele provided PRS at a lower rate than the rural average for the past two years (FY20/7.5% FY21/1.3%). DSAMH recognizes that COVID-19 likely had an impact on this service provision. It is recommended that Tooele County explore opportunities to increase access to this service for youth in their county.

**FY22 Division Comments:**

- 1) *Collaborative Care*: Tooele County with Optum-Tooele has engaged with Tooele School District to develop a model to better meet the access needs for youth in schools. Through a blended funding approach to in-school, afterschool, and outpatient services, youth of Tooele County with serious emotional disturbances are able to access a wider array of services to meet their individual needs.

## **Adult Mental Health**

The DSAMH Adult Mental Health team conducted its annual monitoring review Tooele County on April 12-13, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Pam Bennett, Program Administrator, Mindy Leonard, Program Manager, and Tracy Johnson, Wraparound and Family Peer Support Program Administrator. The review included the following areas: discussions with clinical supervisors and management, record reviews, and virtual meetings with Valley Behavioral Health programming, Multicultural Counseling Center, and Bonneville Family Practice. During the discussions, the team reviewed the FY21 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Findings for Fiscal Year 2021 Audit**

#### **FY21 Minor Non-compliance Issues:**

- 1) *Strengths-Based Assessments:* Three of the 10 charts in FY21 (30%) reviewed did not include an assessment. Division Directives, Administrative Rule (R523) and the Medicaid Provider Manual all require that each client have a strengths-based assessment. During the FY20 monitoring visit, Tooele-VBH reported that contracted providers had not been submitting their assessments and indicated that this would be addressed. However, the rate in FY21 is a decrease from FY20 when one of seven charts (14.3%) did not have an assessment. Two of the three charts without an assessment in FY21 were from community providers.

**The minor non-compliance issue is resolved and will no longer be a finding in FY22. The charts that were reviewed demonstrated significant improvement in strength-based assessments.**

#### **FY21 Deficiencies:**

- 1) *Substance Abuse Mental Health Information System (SAMHIS) OQ Match:* The percentage of clients that match SAMHIS is required to be at least 90%. The FY20 Adult Mental Health scorecard indicates that Tooele-VBH had a match rate of 88.1%, the third consecutive year that the match rate has fallen below the required level (FY19-76%, FY20-81.9%). DSAMH requires these data entry issues be resolved, as Tooele-VBH continues to be a major provider in Tooele County.

**Although the SAMHIS OQ match is below the requirement of 90% for all eligible clients on the FY22 Adult Mental Health scorecard (FY22 match=85.1%), the match for clients with serious mental illness is well above the requirement (FY22 SMI match=98.8%). Therefore, this is resolved and will no longer be a finding. It is encouraged that the Tooele County and Optum-Tooele work with the DSAMH data team to ensure that data moving forward through SAMHIS is accurate.**

- 2) *Outcome Questionnaire (OQ) Use as an Intervention*: Six of the 10 charts reviewed did not include evidence of the OQ being used as an intervention in treatment. The Division Directives state that “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.” While Covid-19 and the move to telehealth could have impacted administration of the instrument, the OQ had been administered in eight of ten charts reviewed by DSAMH but not used as an intervention. DSAMH has reviewed OQ training strategies with the new managed care organization, OptumHealth, and recommends that Tooele-VBH focus on improved understanding of the purpose and use of the OQ as a clinical tool.

**Seven of ten charts reviewed during the FY22 site visit did not include evidence of the OQ being used as an intervention. Therefore, this finding will be continued in FY22 (see Deficiency #1)**

### **Findings for Fiscal Year 2022 Audit**

#### **FY22 Major Non-compliance Issues:**

None

#### **FY22 Significant Non-compliance Issues:**

None

#### **FY22 Minor Non-compliance Issues:**

None

#### **FY22 Deficiencies:**

- 1) *Outcome Questionnaire (OQ) Use as an Intervention*: Seven of the 10 charts reviewed did not include evidence of the OQ being used as an intervention in treatment. The Division Directives state that “*data from the Outcome Questionnaire (OQ) or Youth Outcome Questionnaire (YOQ) shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children aged five and under).*” DSAMH encourages Tooele County to have an updated training on the use of the OQ in the treatment process.

#### **County’s Response and Corrective Action Plan:**

**Action Plan:** Optum will implement the same plan outlined in the Child, Youth And Family Mental Health Services Deficiency #1 of this report for the same finding.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (Tooele County), Randy Dow (Optum TCo), Gina Attallah (Optum TCo)

**DSAMH tracking by:** Mindy Leonard

- 2) *Coordination of Care:* Division Directives require that Local Authorities promote integrated programs and use a holistic approach to wellness. Five of the ten charts from Tooele-Valley Behavioral Health were reviewed, did not demonstrate coordination of care, and did not include evidence that the client was linked with a primary provider. Tooele County and OptumHealth are encouraged to assist clients as they transition between different services, providers and facilities.

**County's Response and Corrective Action Plan:**

**Action Plan:**

Optum recognizes the importance of successful transitions between providers, as well as levels of care. At the time this audit was conducted, only charts from Valley Behavioral Health were reviewed. As such, this sample was not representative of the entire network as Optum had expanded the network by an additional 12 providers. To encourage providers to coordinate care, Optum offered mandatory provider training in March 2022 which reviewed the importance of discharge planning at the time of admission and throughout the member's treatment. Additionally, Optum connected Tooele County and network providers with the Utah Health Policy Project and Take Care Utah to assist with insurance issues. The Optum provider network has expanded at a brisk pace. There are providers who have integrated services offering medical care. It is vital that currently contracted entities be made aware of new resources as they become available. As a result, the Optum Network Newsletter will be utilized to distribute information on a quarterly basis about newly credentialed providers, and the levels of care they treat, as they join the network. In addition, as Optum monitors providers, coordination of care with medical and other behavioral health providers is included.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (Tooele County), Randy Dow (Optum TCo), Gina Attallah (Optum TCo), Mark Schull (Optum TCo)

**DSAMH tracking by:** Mindy Leonard

**FY22 Recommendations:**

- 1) *Adult Peer Support Services (PSS):* Tooele-Valley Behavioral Health reports one Peer Support Specialist who is also providing case management services. The primary focus is for services for incarcerated individuals and those transitioning from the jail to the community. The FY21 Adult Mental Health scorecard demonstrates a 61% decrease in PSS between FY20 and FY21, and it was confirmed that PSS are not generally available for individuals with serious mental illness. Peer Support Services have been recognized as an Evidence-Based Practice by the Centers for Medicare and Medicaid Services

(CMS) since 2007; it is recommended that Tooele County continue efforts to employ adult Certified Peer Support Specialists in order to expand this service to a wider range of adult clients. Technical assistance is available in this area through DSAMH

**FY22 Division Comments:**

- 1) *Tooele County Aging Services:* The importance of social connection for the mental health and well being of the elderly is well-established. Tooele County is commended for efforts to engage and provide for the aging population during the pandemic. This has included an expanded provision of meals, outreach to seniors normally served at the Senior Centers, in-home vaccinations, and shifting programming to include outreach from community member groups.
- 2) *Mobile Crisis Outreach (MCOT) Services:* Tooele County has an active and engaged MCOT team through Tooele-Valley Behavioral Health. To date, all MCOT team members are certified as crisis workers. The MCOT team includes peer support specialists, case managers, designated examiners and therapists. All staff eligible to become Mental Health Officers are trained as such. Due to the rural locale, teams may deploy without a therapist, but always have one available as needed via telehealth. The team has been focused on relationship development with community stakeholders to help support messaging and appropriate access to MCOT for community members. MCOT is quite engaged in criminal justice diversion and maintains an active partnership with local law enforcement and public safety answering points. There is a discrepancy between services being provided and services being reported as required through DSAMH data specifications. Technical Assistance is available in this area through DSAMH.
- 3) *Multicultural Counseling Center (MCC):* MCC has opened an office in Tooele County and is offering a continuum of services, including treatment and recovery support services to address social determinants of health. The agency is raising awareness of the availability of Spanish-speaking services through community presentations and networking. MCC provides services both in-person and through telehealth, and includes more remote areas such as Wendover in their catchment area.
- 4) *Community Agency Coordination:* A monthly multidisciplinary team meeting is held to staff vulnerable individuals who are experiencing abuse or self-neglect. Attendees include staff from the Health Department, Department of Aging Services, Adult Protective Services, police, county and city staff, and community providers. Cases involving abuse or neglect are identified and reviewed, and a coordinated response is decided. This coordinated response has been demonstrated to be more efficient and effective.
- 5) *Bonneville Family Practice and Integrated Care:* Bonneville Family Practice is a small medical clinic offering a merged, integrated practice with full collaboration. Using a model similar to the Cherokee Health Systems model, providers operate at the highest level (Level 6) of the CIHS Standard Framework for Levels of Integrated Healthcare.

## **Substance Use Disorders Prevention**

Becky King, Program Administrator, conducted the annual prevention review of Tooele/OPTUM and its service provider Valley Behavioral Health (Tooele-VBH) on April 12, 2022. The Tooele HD manages the prevention contract and was present in the audit. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2021 Audit**

There were no findings in the FY21 Audit.

### **Findings for Fiscal Year 2022 Audit**

#### **FY22 Major Non-compliance Issues:**

None

#### **FY22 Significant Non-compliance Issues:**

None

#### **FY22 Minor Non-compliance Issues:**

None

#### **FY22 Deficiencies:**

None

#### **FY22 Recommendations:**

- 1) **EASY Compliance Checks:** The Eliminating Alcohol Sales to Youth (EASY) checks decreased from 41 to 39 checks from FY20 to FY21 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year. It is recommended that Tooele County focus on methods on increasing the EASY compliance checks through collaboration with law enforcement and other community partners.
- 2) **Readiness Assessment:** The Tooele Local Authority (LA) has not completed a community readiness assessment. However, the Tooele County Department of Human Services conducted a community needs assessment that will inform the development of a readiness assessment. These results have been released early 2022 and will help Tooele HD to complete a County-wide readiness assessment this year. Additionally, the Health Department will be conducting a series of assessments to complete a community health improvement plan (CHIP). Tooele HD reports that prevention services will benefit from these assessments which will allow for a more comprehensive readiness assessment and on into a comprehensive LA-level strategic

plan. It is recommended that Tooele HD continue to work on their readiness assessment using SUD prevention readiness tools and the data gathered from the Tooele Department of Human Services Community Needs Assessment.

#### **FY22 Division Comments:**

- 1) Community Centered Evidence-Based Prevention (CCEBP):** Prevention Services at Tooele County HD utilize the Strategic Prevention Framework (SPF) to drive the generalized County-wide prevention efforts. This allows the Local Authority (LA) to operate under an overarching directional strategy as it supports the four community coalitions and identifies opportunities in communities low in readiness or capacity. The four community coalitions practice CCEBP as they each have active licenses for Community that Cares (CTC) Plus and have certified CTC facilitators who engage in regular coaching to assist in their progression of the five phases.
- 2) Coalitions:** Tooele County recently increased their coalition from one to four coalitions recently, which has been a significant accomplishment for their community. They have the following coalitions: (1) **Tooele City Communities that Care (CTC)**, which consists of the official Tooele City municipal boundaries. (2) **Grantsville CTC**, which includes the Grantsville High School Cone. (3) **North Valley CTC** – The official boundaries for this coalition are defined for unincorporated Tooele County communities, including Stansbury Park, Lake Point, and Erda. This coalition is roughly described as the Stansbury High School Cone, however there are Tooele City residents who feed into this cone so it's not as accurate of a descriptor. (4) **Wendover Prevention Group** – This consists of the official municipal boundaries for Wendover City, Utah and West Wendover, Nevada. The coalitions are actively involved in engaging community members and providing effective prevention services.
- 3) Comprehensive Approach to Prevention Services:** Tooele HD focuses on a comprehensive approach to providing prevention services. They also strive to provide consistent, community-wide messages with each campaign or event that they do. One way they accomplish this is to involve a relevant and diverse group of prevention-educated stakeholders when assessing, building capacity, and planning for interventions. This allows for consistent messaging across the whole community and remaining grounded in prevention science. Each program is also designed to be consistent across long spans of time.

## **Substance Use Disorders Treatment**

Becky King, Program Administrator, conducted the review of Tooele County - Optum Substance Use Disorders (SUD) Treatment Program on April 13, 2022. The Site Visit focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice, compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and Drug Court data. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures in interviews with Tooele County staff. Treatment schedules, policies, and other documentation were reviewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Tooele County staff. Client satisfaction was measured by reviewing records and consumer satisfaction survey data. Finally, opiate use data and the year-end reports were reviewed and discussed.

### **Follow-up from Fiscal Year 2021 Audit**

#### **FY21 Minor Non-compliance Issues:**

1) *The Treatment Episode Data Set (TEDS) shows:*

- a) The percent of individuals that were employed from admission to discharge moved from 0.0% to -2.8% from FY19 to FY20 respectively, which does not meet Division Directives.

The percent of individuals that were employed from admission to discharge moved from -2.8% to 32.1% from FY20 to FY21 respectively, which meets Division Directives.

***This issue has been resolved.***

- b) The percent of individuals that were involved in the Criminal Justice System from admission to discharge moved from 11.3% to 0.0% from FY19 to FY20 respectively, which did not meet Division Directives.

The percent of individuals that were involved in the Criminal Justice System from admission to discharge moved from 0.0% to 11.6% from FY20 to FY21 respectively, which did not meet Division Directives.

***This issue has not been resolved, which will be addressed in Recommendation #1 below.***

- c) The percentage of individuals using recovery supports from admission to discharge decreased from 46.5% to 5.1% from FY19 to FY20 respectively, which does not meet Division Directives.

The percentage of individuals using recovery supports from admission to discharge decreased from 5.1% to 103.9% from FY20 to FY21 respectively, which meets Division Directives.

***This issue has been resolved.***

- d) Old open admissions (charts that need to be closed) in FY20 was 31.2%, which is above the allowable amount of 4%. This does not meet Division Directives.

Old open admissions (charts that need to be closed) in FY20 was 22%, which is above the allowable amount of 4%. This does not meet Division Directives.

***This issue has not been resolved, which will be addressed in the Minor-Non-Compliance Finding #1 below.***

2) *The Consumer Satisfaction Survey shows:*

- a) The percent of clients sampled in the Youth Consumer Satisfaction Survey was 8.4%, which is below the allowable amount of 10%, which does not meet Division Directives.

The percent of clients sampled in the Youth Consumer Satisfaction Survey was 12%, which meets Division Directives.

***This issue has been resolved.***

- b) The percent of parents sampled in the Youth Family Consumer Satisfaction Survey was 9.3%, which is below the allowable amount of 10%, which does not meet Division Directives.

The percent of parents sampled in the Youth Family Consumer Satisfaction Survey was 5.1%, which is below the allowable amount of 10%, which does not meet Division Directives.

***This issue has not been resolved, which will be addressed in the Minor Non-Compliance Finding #2 below.***

## **Findings for Fiscal Year 2022 Audit**

### **FY22 Major Non-compliance Issues:**

None

### **FY22 Significant Non-compliance Issues:**

None

### **FY22 Minor Non-compliance Issues:**

#### **1) The Treatment Episode Data Set (TEDS) shows:**

- a) **Old open admissions (charts that need to be closed)** in FY20 was 22%, which is above the allowable amount of 4%. This does not meet Division Directives.
- b) 10.6% of **Criminogenic risk data** was not collected, which is above the allowable amount of 10%. This does not meet Division Directives.

### **County's Response and Corrective Action Plan:**

**Action Plan:** TEDS data is submitted directly to DSAMH by VBH, while Optum gathers the TEDS data from the other contracted providers for submission. Optum will create an internal project team to analyze the data, identify the barriers to collecting the criminogenic risk data and a plan to remediate the problem. If needed, Optum will request technical assistance from OSUMH to assist.

Optum meets monthly with the VBH Vice President of Compliance and Quality, as well as the Quality Manager. During the July 2022 meeting, Optum will address the old open admissions and request the plan for these to be closed timely.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (Tooele County), Cynde Davis, (Optum TCo), Gina Attallah (Optum TCo)

**DSAMH tracking by:** Becky King

#### **2) The Consumer Satisfaction Surveys show:**

- a) The percent of parents sampled in the **Youth Family Consumer Satisfaction Survey** was 5.1%, which is below the allowable amount of 10%, which does not meet Division Directives.
- b) The percent of parents sampled in the **Adult SUD Consumer Satisfaction Survey** was 6.1%, which is below the allowable amount of 10%, which does not meet Division Directives.

## County's Response and Corrective Action Plan:

### Action Plan:

Survey links, detailed instructions, passwords, and completion expectations are sent to the providers prior to the beginning of the survey period. Providers are given electronic pdfs to print and mail or complete while the member is in the office. Providers, if not seeing the members in person, are to email the links or mail a hard copy to the members and provide an explanation of how to complete. If mailed, providers inform members how to return completed surveys back to the provider. Surveys completed on paper are entered into the online links by office staff. Optum Network staff reached out to multiple providers during the 2022 reporting period to educate them regarding distributing surveys to all members with the expectation of a 10% or higher completion rate. At present, only two Tooele providers have individual passwords which limits the ability Optum has to identify those agencies who are not meeting the target. Assigning individual passwords to higher volume agencies would give Optum the means to identify providers who are not reaching the target and work with them to determine opportunities for improvement.

**Timeline for compliance:** FY23

**Person responsible for action plan:** Gary Dalton (Tooele County), Lori Maxfield (Optum TCo), Randy Dow (Optum TCo)

**DSAMH tracking by:** Becky King

### FY22 Deficiencies:

None

### FY22 Recommendations:

- 1) The Treatment Episode Data Set (TEDS) Shows:
  - a) The percent of **individuals that were involved in the Criminal Justice System** from admission to discharge moved from 0.0% to 11.6% from FY20 to FY21 respectively, which does not meet Division Directives. It is recommended that Tooele County review the data for accuracy or work on methods to decrease involvement in the criminal justice system.

### FY22 Comments:

- 1) **Network of Providers:** Tooele County - Optum has created a network of providers so community members have greater choice for services. They have the ability to add and expand services based on the needs identified in the community. There is also participation with the Tooele Opioid Consortium to support community treatment needs and efforts by utilizing the grants available through Utah State University that facilitates the consortium. Tooele County- Optum's goal for this year

is to provide more substance use disorder (SUD) services in the continuum of care for Tooele County. They are currently looking for providers who can expand their services to meet this need.

- 2) **Health and Wellness:** Tooele County-Optum focuses on promoting health and wellness for their community. SUD providers in the network, including Odyssey House and Bonneville Family Practice, have integrated health clinics that community members can be referred to for health issues. Tooele Valley Behavioral Health (Tooele-VBH), which is one of Tooele County - Optum's contracted providers, offers First Aid / Cardiopulmonary Resuscitation (CPR) training for all staff. They have Advanced Practice Registered Nurses (APRNs) and medical assistants on staff and offer medical case management to clients. Clinical Consultants (contract provider with Tooele County-Optum) are trained in CPR and first aid, overdose and naloxone administration, and in infectious disease risk and control. They are also connected with a Family Medicine Physician and Nurse Practitioner that are available through telehealth when a medical concern is indicated. Case management services are also offered to assist clients in setting up doctors appointments as needed.
- 3) **Supportive Housing / Sober Living:** Tooele County has been working on expanding supportive housing and sober living services in their community. One of the new initiatives in Tooele County is to set up Harris Village, which will be a community center with a variety of services available for their community. They have also been working with the Housing Authority to set supportive housing in their community. When renovations are complete with Harris Village, it will have 66 beds available for residential treatment, which will include school services as well. Juvenile Justice Services has been coordinating closely with Harris Village to coordinate services for youth. The groundbreaking for the Harris Village will occur at the end of this month or in mid May. Tooele County also received \$800,000.00 to set up a sober living program, which has been contracted to Clinical Consultants to develop this program.

## **Section Two: Report Information**

## **Background**

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with the services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

## Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making best practice or technical suggestions. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Tooele County – Valley Behavioral Health and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard *Kelly Jay Ovard* Date 07/19/2022  
Administrative Services Auditor IV

Approved by:

Kyle Larson *Kyle Larson* Date 07/19/2022  
Administrative Services Director

Amanda Alkema *Amanda Alkema* Date 07/19/2022  
Assistant Director

Eric Tadehara *Eric Tadehara* Date 07/20/2022  
Eric Tadehara (Jul 20, 2022 15:02 MDT)

Brent Kelsey *Brent Kelsey* Date 07/19/2022  
Brent Kelsey (Jul 19, 2022 13:56 MDT)  
Division Director

## UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

### Emergency Plan Monitoring Tool FY22

**Name of Local Authority:** Valley Behavioral Health-Tooele

**Date:** April 20, 2022

**Reviewed by:** Nichole Cunha, LCSW and Geri Jardine

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)				
Table of contents				
<b>Basic Plan</b>				
Statement of purpose and objectives	x			
Summary information	x			
Planning assumptions	x			
Conditions under which the plan will be activated	x			
Procedures for activating the plan	x			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan	x			
<b>Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.</b>				
List of essential functions and essential staff positions	x			
Identify continuity of leadership and orders of succession	x			
Identify leadership for incident response				
List alternative facilities (including the address of and directions/mileage to each)	x			

Communication procedures with staff, clients' families, the State and community	x			
Procedures that ensure the timely discharge of financial obligations, including payroll.	x			
<b>Planning Step</b>				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)	x			
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> <li>• Engineering maintenance</li> <li>• Housekeeping services</li> <li>• Food services</li> <li>• Pharmacy services</li> <li>• Transportation services</li> <li>• Medical records (recovery and maintenance)</li> <li>• Evacuation procedures</li> <li>• Isolation/Quarantine procedures</li> <li>• Maintenance of required staffing ratios</li> <li>• Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</li> </ul>	x			

DSAMH is happy to provide technical assistance.